

INFORMED CONSENT

TRANSFUSION OF BLOOD PRODUCTS

TO BE COMPLETED BY PHYSICIAN

I have provided (patient name) _____ with a copy of the Department of Health Services' information pamphlet, *If you Need Blood: A Patient's Guide to Blood Transfusions*, concerning the advantages, disadvantages, risks and benefits of autologous blood and of directed and non-directed homologous blood from volunteers. I have also allowed adequate time prior to surgery for the patient and other persons to pre-donate blood for transfusion purposes except where there is a life-threatening emergency, there are medical contraindications, or the patient has waived this right.

Physician's Signature: _____

Date: _____

TO BE COMPLETED BY NURSE and the PATIENT

1. My doctor has informed me that I need or I may need during treatment, a transfusion of blood and/or one of its products in the interest of my health and proper medical care.
2. My doctor has described to me the risks and benefits of receiving transfusion(s). These risks exist despite the fact that the blood has been carefully tested.
3. The alternative to transfusion, including the risks and consequences of not receiving this therapy, have been explained to me.
4. I have had the opportunity to ask questions, and I consent to the transfusion(s)

Patient's Signature: _____

Date: _____

Witness' Signature: _____

Date: _____

EMERGENT/LIFE-THREATENING CIRCUMSTANCES – INFORMED CONSENT NOT OBTAINED

To be completed by Physician

Reason patient cannot sign: _____

Because of a life-threatening/emergent medical condition, I have not provided the patient with information sufficient to be considered Informed Consent, and I have proceeded with ordering blood products to be administered in sufficient quantity to alter, improve or reverse a life-threatening/emergent medical condition.

Time: _____

Patient Name: _____

Date: _____

Physician Signature: _____